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## Health Professions Development in the Trust Territories of the Pacific Islands

■ The inclusion of the peoples of the United States Trust Territory of the Pacific Islands (TTPI) within a national commitment to the "provision of high quality care to all Americans" was reaffirmed in the Health Professions Educational Assistance Act of 1976 (Public Law 94-484). Achievement of this goal depends in part upon the availability of qualified health care personnel.

The Bureau of Health Manpower (BHM), Health Resources Administration, working with Micronesian officials and Department of Health, Education, and Welfare (DHEW) Region IX personnel, has established a number of programs designed to train health professionals and other health care workers for the TTPI. In September 1978 BHM awarded an omnibus health manpower and development contract to assist the TTPI. This most recent project award is the major step in a training program that will provide for determining health manpower needs and fulfilling those needs, including the upgrading of health personnel. Available resources in Micronesia and adjacent geographic areas are being used.

With a sufficiently developed training site in Micronesia, staffed with personnel qualified as health profes-

sions planners, educators, and health providers, the Director of Health Services of the TTPI is able to provide onsite educational programs to support a health care system. Through the project the TTPI will be able to recruit, retain, retrain, or maintain existing and potential health care providers. Since this entire effort is under control of the Government of the TTPI and local institutions, it will help Micronesians move toward self-sufficiency. The contract also specifies that the system be replicable in other underserved areas.

### **OBJECTIVE OF OMNIBUS PLAN**

The major objectives of the omnibus plan are:

1. To refine and further identify area resources and needs in health manpower and devise a strategy to address those needs;
2. To establish one site in the TTPI with the personnel, equipment, and educational programs necessary to provide for development of health manpower;
3. To set up linkages with health professional schools that will enable them to assist in this manpower development;
4. To plan educational curriculums

and programs appropriate for local Micronesian health care personnel;

5. To develop expertise in health providers that they can disseminate to outlying sites;

6. To establish a resource office for career development and to provide role models for potential Micronesian health care providers; and

7. To evaluate the program developed under the omnibus plan in terms of its serving as a model for health manpower development in other areas.

Officials of the Bureau and DHEW Region IX are working closely with the TTPI Director of Health Services, the Governor of the Commonwealth of the Northern Marianas, and the High Commissioner for the TTPI in this initiative.

### **MANPOWER DEVELOPMENT**

Planning and developing manpower in the TTPI involves a number of multidimensional problems. Among the immediate considerations are the mere size and expanse of the TTPI—some 3 million square miles with some 126,000 people living on the approximately 100 populated islands of the total 2,000 islands. The enumerated resident population in each TTPI district in 1977 was as follows:

Marianas .....	16,262
Marshalls .....	27,096
Palau .....	13,519
Ponape .....	21,187
Truk .....	35,220
Yap .....	8,482
Kosrae .....	4,471
Total .....	126,239

## STATUS OF HEALTH CARE

Health care facilities and services are currently provided by the Government of the TTPI. There are few private practitioners with the exception of two in dental clinics—one in the Ponape District and the other on Saipan. There are no private pharmacies or drugstores.

Each district provides acute care services through facilities located in district centers and outer islands. A hospital is located in each district center; hospitals vary in size from 35 to 125 beds. A few subdistrict hospitals serve remote island populations. Other health facilities include 170 dispensaries, in need of upgrading and modernizing.

Health care services are provided through a hierarchy of health care personnel, including a limited number of U.S. physicians who provide both medical care and supervisory services. Most care is provided by Micronesian medical and dental officers who hold diplomas from the Fiji School of Medicine. Persons trained at that school are eligible to practice in the South Pacific and Micronesia, but they are not qualified according to the standards established for practice in most developed countries, including the United States.

MEDEXES, health assistants, and dental assistants provide services in the outer islands.

## TRAINING PROFESSIONALS

Micronesian health professionals and other health care workers are prepared through direct training programs inside the TTPI and, indirectly, through programs outside the TTPI. Preservice, inservice, and postgraduate training of health professionals has been supported by several Public Health Service grants and contracts, totaling \$1,629,478.

Two contracts totaling \$375,855 were awarded under the Public Health Service Act in fiscal year 1975-76. Under the contracts, each for 2-year training efforts, the skills in dispen-

sary patient care techniques of 140 health assistants will be upgraded (contract to Micronesia, Saipan), 39 indigenous dental nurses will be trained in expanded functions and health manpower resources utilization, and 12 dental officers will be trained in the use of dental nurses.

Three-year grants were awarded to the Health Council of the TTPI to upgrade the skills and knowledge of licensed nurses and to the Community College of the Micronesian School of Nursing to devise and implement individualized curriculums to train 50 disadvantaged students for whom English is a second language.

Indirectly, 3-year grant support is provided through the University of Guam (a) to design and implement four workshops for the continuing education of nurses and provide faculty participation in mainland educational workshops and (b) to add an auto-tutorial center to the nursing education system with a view to reducing nursing faculty turnover by improved training.

Health manpower development in the TTPI is also indirectly supported by the following grants to the University of Hawaii:

- A 1-year grant for programs to aid TTPI residents;
- A 5-year program to extend master's level public health programs in which 26 Asian American and Pacific Island students are prepared to be health care workers (some of the trainees must be TTPI residents);
- A grant to identify, recruit, and train medical students from the Pacific Basin;
- The first phase of a two-phase contract to plan, develop, implement, and evaluate an omnibus health resources system, which is to include an indigenous educational site that will assist in the recruitment, retention, retraining, and maintenance of existing health care providers in the TTPI.

The purpose of all the health manpower contracts and grant efforts described is to promote the establishment of a health manpower system controlled by Micronesians. That system will better prepare Micronesians to determine and satisfy their health manpower needs as the TTPI decides upon its independence and government status.

## New Test to Detect Carriers of Gene for Cystic Fibrosis

■ Development of a new test to detect carriers of the gene for cystic fibrosis was announced on May 16, 1979, at the joint annual meeting in Las Vegas, Nev., of the American Lung Association, the Christmas Seal organization, and its medical section—the American Thoracic Society. Developers of the test report that it is simple to perform, inexpensive, and suitable for large-scale screening.

Cystic fibrosis, a serious inherited disease that affects the lungs and digestive system, frequently results in death before the age of 18. In order for a child to be born with it, both parents must be carriers of the abnormal gene. With the new test, carriers can now be easily detected, and should a couple contemplating marriage both be found to carry the abnormal gene, genetic counseling can be provided.

The test involves the interaction between red blood cells from a mouse and a small amount of a person's blood serum. The gene for cystic fibrosis is associated with a lectin, a factor in the person's blood serum that acts to agglutinate (or cluster) the red blood cells of the mouse. If inherited from both parents in a double dose, this factor may be responsible for causing cystic fibrosis in a child.

Before zeroing in on red blood cells from the mouse, the researchers had tried red blood cells from rabbits, guinea pigs, hamsters, dogs, sheep, and chickens. Blood serum from cystic fibrosis patients and their parents, as well as from controls, was tested. Discovery of the lectin-like substance in the blood serum of cystic fibrosis patients and carriers opens a new field for study of the cause of this disease.

The collaborators in the research resulting in the new test were Jack Lieberman, MD, chief of respiratory disease, W. Kanshiro, laboratory technician, N. Costea, MD, chief of the hematology division, and the late V. Yakulis, immunologist—all from the Veterans Administration Medical Center, Sepulveda, Calif.

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## International Conference and Educational Workshop on Hypothermia

■ The University of Rhode Island will host an international conference on hypothermia January 23–25, 1980, and an educational workshop on hypothermia January 25–27, 1980, at its campus at Kingston.

The conference will be an international forum on all aspects of hypothermia, the cooling of the body's internal temperature down to the point where death occurs. Hypothermia is considered a major cause of death in cold water drowning cases, in the wintertime deaths of elderly persons and small children, and in deaths of people exposed over several hours to low temperatures, such as mountain climbers and hikers. The keynote speaker will be Dr. William R. Keating, London Hospital Medical College, an internationally recognized researcher in hypothermia. Other conference speakers will address treatment methods, hypothermia protection equipment, rewarming techniques, mountain rescue, and the determination of temperature of hypothermia victims under field conditions. The technical proceedings of the conference will be published. Participants are invited from the fields of medicine, research, government, public health, the military, volunteer health organizations, and private industry.

The educational workshop will focus on practical applications of hypothermia technology to real-world situations such as survival in cold water and first aid for hypothermia victims. The workshop is particularly aimed at both professional and volunteer instructors, and instructor trainers from universities, the military services, the International Red Cross, the U.S. Coast Guard Auxiliary, the U.S. Power Squadron, State boating safety programs, fire departments, police academies, Scout and "Y" organizations, the offshore oil industry, the commercial fishing industry, and so forth.

Those wishing more information on the workshop or the conference should write to International Hypothermia Conference, Marine Advisory Service, Narragansett, R.I. 02882.

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## Issues and Problems in Measuring Impact on Health Status

■ A symposium entitled "Measuring Impact on Health Status: An Examination of Issues and Problems" will be held January 5, 1980, in San Francisco, at the annual meeting of the American Association for the Advancement of Science. The symposium has been scheduled for the San Francisco Hilton Hotel.

The symposium speakers will discuss the effect of various kinds of pollution, health care delivery, lifestyle, and so forth on health status. Among the speakers will be:

- Dr. Lester Breslow, dean of the School of Public Health, University of California, Los Angeles
- Dr. Chin Long Chiang, professor of biostatistics, University of California, Berkeley

• Dr. Jerzy Neyman, professor of statistics, University of California, Berkeley

• Dr. Stephen Shortell, director of the Health Services Research Center, University of Washington, Seattle.

• Theodore Woolsey, former director of the National Center for Health Statistics.

Dr. Martin K. Chen, senior researcher, National Center for Health Services Research, Public Health Service, Rm. 8–30, Center Bldg., 3700 East-West Highway, Hyattsville, Md. 20782, and Dr. Grace L. Yang, professor of mathematics, University of Maryland, College Park, are the symposium organizers. For further information, contact Dr. Chen.

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## FDA Proposes to Withdraw its Approval of Amphetamines for Weight Reduction

■ The Food and Drug Administration proposes to withdraw its approval of amphetamines for weight reduction. This class of prescription drugs has been widely used as weight reduction aids and as "pep" pills.

Under the FDA proposal, manufacturers of these drugs could request a hearing. If a hearing was justified, the Agency would hold one and then make a final decision as to whether to withdraw its approval of the drugs for weight reduction. As of August 21, 11 manufacturers and persons had requested a hearing, and these requests were under review.

Weight reduction accounts for 80 to 90 percent of the current prescriptions for amphetamines. In 1978, 3.3 million prescriptions were written for these drugs. If the weight reduction claim is deleted, amphetamines still would remain approved for the treatment of narcolepsy (a rare condition of uncontrollable sleepiness) and for the treatment of minimal brain dysfunction (hyperactivity) in children.

The Food and Drug Administration's proposed action is based primarily on the widespread abuse of amphetamines when used for weight reduction. FDA officials have concluded that (a) amphetamines continue to be abused

at a rate substantially higher than that for other drugs used in the treatment of obesity, (b) they present a severe risk of dependence and harmful effects, and (c) alternative drugs are available that have equal effectiveness and less risk.

If the weight reduction claim is withdrawn, the Drug Enforcement Administration (DEA) in the Justice Department could reduce the amount of amphetamines legally produced. Under the Controlled Substances Act of 1970, DEA establishes production quotas for medically useful drugs that are subject to serious abuse. DEA now permits 6,000 pounds of amphetamines to be produced each year. Production quotas could be reduced by 80 to 90 percent, since that is the proportion of amphetamines used for weight reduction.

Dr. J. Richard Crout, director of FDA's Bureau of Drugs, noted that "FDA has for a number of years supported tight controls over amphetamines." "These drugs," he said, "are central nervous system stimulants with serious abuse potential and make only a minor contribution to weight reduction in the treatment of obesity."

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## Cancer Information Service

■ The Cancer Information Service (CIS) is a toll-free telephone inquiry system that supplies information about cancer and cancer-related resources to the general public, cancer patients and their families, and health professionals. CIS offices are associated with major cancer centers across the United States.

About 70 percent of the country's population is within the areas directly served by a CIS office. The rest can call a national toll-free service maintained by the National Cancer Institute (NCI).

About 60 percent of the calls to CIS offices are inquiries about cancers at five major body sites: breast (24 percent), lung (16 percent), colon-rectum (10 percent), female reproductive system (6 percent), and skin (4 percent). No other body site accounts for more than 2 percent of the total questions. The remaining 38 percent of the calls consist of questions about other body sites and cover a wide range of subjects, from the known causes of cancer and the side

effects of radiation therapy, to hereditary factors associated with cancer, to available resources for patients.

A directory of cancer-related resources—a list of medical resources and organizations within the area of service—has been compiled by each of the offices.

The cancer centers operate the information program with funds from the National Cancer Institute and, in many areas, with the involvement and cooperation of the American Cancer Society and other cancer-related organizations. CIS offices can provide callers with copies of the latest NCI publications on smoking, asbestos, and breast self-examination, among others. The Cancer Information Service operates as an extension of the National Cancer Institute by making people aware of these materials. The various CIS offices can also reassure patients and their families by providing followup information concerning the existing local cancer services.

The CIS national line number is 800:638-6694.

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## OSHA and NIOSH Will Cooperate With Commission Of European Communities

■ The Occupational Safety and Health Administration (OSHA) of the Department of Labor and the National Institute for Occupational Safety and Health (NIOSH) of the Department of Health, Education, and Welfare have agreed to exchange information on job safety and health with the Commission of European Communities. The Commission initiates and administers joint social and economic policies for the nine member States—Belgium, Denmark, France, Germany, Ireland, Italy, Luxembourg, the Netherlands, and the United Kingdom.

"We're looking forward to pooling our resources and helping provide equitable protection from job hazards for workers both here and abroad," OSHA head Eula Bingham said. Specifically, the U.S. agencies and the Commission will exchange information on toxic substances found in the workplace, health hazard sampling

techniques, proposed regulations, and occupational safety and health statistics, as well as educational, training, and research programs in job safety and health. Data and testing methodologies will also be shared. "Exchanging technical data and information on occupational safety and health will help all of us to identify and deal with hazards in the workplace," NIOSH director Anthony Robbins pointed out.

The agreement, set forth in letters exchanged between the European Communities and Deane R. Hinton, U.S. Ambassador to the European Communities, calls for possible meetings of officials to "plan, coordinate and review cooperation" in job safety and health areas. Also under consideration is an international workshop on occupational safety and health.

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## "Special Report on Aging: 1979," Published by NIA

■ Are women really the weaker sex? What is being done to provide more effective treatment for mental impairment in old age? How much do we know about the role of proper nutrition in the elderly?

Information on these and other research questions is highlighted in the Special Report on Aging: 1979, recently published by the National Institute on Aging (NIA) of the National Institutes of Health.

Research on aging is multidisciplinary, for the rapid increase in the size of the elderly population has an impact on all aspects of the quality of life and on the costs of health care and social services. NIA's Special Report looks at the research interests that received marked emphasis during 1978, including treatable brain diseases, the last days of life, nutrition and aging, the older woman, geriatric medicine longevous populations, cellular and animal resources, geriatric dentistry, and accidental hypothermia.

The report also describes selected NIA research advances, such as the evidence of a possible linkage between osteoporosis and vitamin K; the relationship between caloric intake and aging; a means to enhance wound healing in the elderly; compensation for nerve cell loss in old animals; and age-related changes in smell and taste.

Complimentary copies of the Special Report on Aging: 1979, can be obtained by writing to NIA/SR79, c/o Expand Associates, 8630 Fenton St., Suite 508, Silver Spring, Md. 20910.

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## New Medical Information Systems Help Physicians Treat the Chronically Ill

■ Physicians have begun using two unique computerized data banks in formulating treatments for chronic disease patients and in evaluating new medical technologies related to these diseases. The data banks were developed with support from the National Center for Health Services Research (NCHSR), Office of Health Research, Statistics, and Technology, Public Health Service.

The new data banks are storage

and retrieval systems for extensive demographic and clinical data on patients with chronic diseases. To date, two NCHSR-sponsored systems have been established: one for rheumatic disease at Stanford University and one for coronary artery disease at Duke University. Because of their success, these systems are serving as prototypes for a traumatic coma data bank network sponsored by the National Institutes of Health. Such systems are regarded as potential building blocks for a national chronic disease information system and as possible alternatives for obtaining some of the information obtained in clinical trials.

The data banks are designed to give physicians and researchers quick and easy access to comprehensive information on individual patients, or groups of patients, who share certain personal and medical characteristics. Details, including histories of treatments and outcomes, are indicated in printouts or visual displays. To safeguard privacy, only a patient's personal physician can request a file by patient's name. Other physicians can obtain only medical information from a file, in addition to nonidentifying personal information, such as the patient's age and sex.

System files may be expanded or updated to provide the large, long-term storage capability that is needed to store the volumes of data associated with patients whose illnesses

span months or years. By using the computer, these details can be recalled immediately to refresh a physician's memory or to provide information that the physician may be unable to obtain any other way. Such information is particularly helpful when the physician is dealing with chronically ill patients who have been treated by a series of physicians over the years.

Besides providing physicians with "shared clinical experiences," the data banks are also useful in planning treatment strategies. Because treatments and outcomes for patients meeting certain criteria can be recalled and grouped by the computer, the physician can see at a glance which approaches have been successful and which have not. Using this computer-supplied information as a guide, the physician can then individualize a treatment regimen for the patient. This approach is more likely to be successful than one that relies solely on the physician's memory.

Similarly, the data banks can be important resources for assessing new clinical technologies. Because of the systems' storage and retrieval capabilities, they can be used to track patients who have been treated in new and different ways. The outcomes for the patients can then be compared with those for controls, who have also been identified by the computer systems.

## Call for Papers for Meeting of Society for Clinical Trials

■ The combined First Annual Scientific Session of the Society for Clinical Trials and the Seventh Annual Symposium for Coordinating Clinical Trials will be held May 6-8, 1980, in Philadelphia, Pa. The sessions will focus on the design, organization, management, and analyses of clinical trials.

Topics of special interest include, but are not restricted to:

- Procedures for measuring or improving patient adherence and compliance to study procedures
- Issues for cancer clinical trials
- Issues for behavior modification trials
- The selection, training, and certification

by the study of its data collection personnel

- Ethics, trial design, and their interrelationships
- Stratification at randomization versus adjustment with analyses
- Data protection, archiving, and ownership
- Intelligent computer terminals and data entry
- Issues for central laboratories and reading centers
- Interim analyses and early stopping rules

Abstracts must be received by January 21, 1980. For information write to Christian R. Klimt, MD., Secretary, Society for Clinical Trials, Inc., 600 Wyndhurst Ave., Baltimore, Md. 21210.

## HEW Awards \$1.2 Million for Solar Energy Demonstration Projects

■ The Department of Health, Education, and Welfare has awarded \$1.2 million in contracts to eight hospitals and other health facilities to demonstrate the use of solar energy for space heating and for hot water supplies. The contracts call for the facilities to share the cost of the projects, which will total \$1.7 million.

This is the second year of HEW awards for Solar Energy Demonstration Projects. Last year more than \$531,000 was awarded to four facilities to install experimental solar energy hot water systems. These demonstration projects, administered by the Health Resources Administration and funded by the Department of Energy, are part of the HEW's efforts to prepare the nation's health facilities to cope with shortages of natural gas or oil and to develop alternative sources of energy, as mandated by President Carter.

• The largest award this year is \$345,011 to the 396-bed Mercy Hospital in Pittsburgh, Pa. The hospital will install solar collectors designed to heat 34 percent of its hot water supply. The total cost of the project is \$504,502.

• St. Luke's Hospital, Middleboro, Mass., a 66-bed community hospital, will install solar collectors to provide 33 percent of both its hot water and space heating needs. Total cost of the project is \$411,451; the Federal share is \$286,581.

• An award of \$152,042 will be used by the 217-bed Memorial General Hospital in Las Cruces, N. Mex., to provide solar heating for 52 percent of its hot water requirements. The total project cost is \$241,337.

• Children's Orthopedic Hospital and Medical Center, Seattle, Wash., won a contract of \$134,183 to install solar heating for hot water and for space in the Odessa Brown Children's Clinic. The 16,000 square foot clinic is being constructed in a medically underserved area, and the solar project will provide 52 percent of its needs. The total project cost is \$178,911.

• Memorial Hospital, New Albany, Ind., 260 beds, is awarded \$110,873 in Federal money for a \$147,831

project to heat 31 percent of the hot water required for its laundry.

- Fairfield Arundel Nursing Home, Crownsville, Md., a 140-bed skilled nursing home, will use its \$71,905 contract to build solar units, which will provide 35 percent of its hot water and space heating requirements. The total project cost is \$95,874.

- Located on the island of Kauai in Hawaii, the G. N. Wilcox Hospital and Health Center, a 59-bed, long-term care unit, will install solar panels to provide 70 percent of its hot water. The Federal contract is \$69,525; the total project cost is \$102,700.

- A contract of \$50,749.65 is awarded to the Cherokee County Health Department, in Murphy, N.C. The department will use the funds to install solar heating, which will provide 57 percent of the space and hot water requirements for its community service outpatient clinic. The total project cost is \$72,499.

The solar demonstration projects will be monitored by the Health Resources Administration's Division of Energy Policy and Programs. Division staff will collect and publish information from these eight projects, as well as from last year's four awardees, to demonstrate the potential of solar energy for health care facilities.

## Poster Raises Interest in Immunization

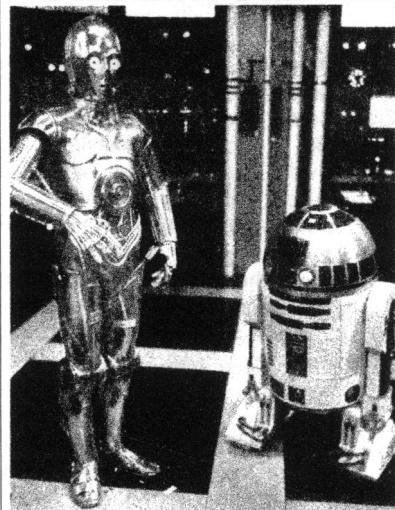
■ In a continuing effort to focus public awareness on childhood immunization, the Center for Disease Control has distributed to State and local health departments copies of a poster featuring the "droids" R2D2 and C3PO from the movie "Star Wars." Special permission to print the posters was granted to CDC by Twentieth Century Fox as a public service.

The poster has proved to be so popular that it has entered its second printing. The posters have been used as a reward to individual children who complete the basic immunization series, as reminders to parents in doctors' offices, hospitals, and pharmacies, and as attention grabbers in announcing mass immunization clinics at schools and shopping centers. The poster is also drawing increased attention to child health in conjunction with projects sponsored as part of the International Year of the Child celebration.

In four colors, the poster is available only in English and in one size (14 x 22 inches). Copies may be obtained by calling State or local health departments or by writing the Center for Disease Control: Attention: Technical Information Services, Bureau of

State Services, Atlanta, Georgia 30333.

## PARENTS OF EARTH, ARE YOUR CHILDREN FULLY IMMUNIZED?



DO YOUR RECORDS SHOW IT?  
CALL YOUR DOCTOR OR  
HEALTH DEPARTMENT TO MAKE SURE  
AND MAY THE FORCE BE WITH YOU.

## One-Third of Medical Students in United States Get Part of Training at VA Facilities

■ Nearly one-third of the nation's medical students—a record of 97,272 persons—received some of their clinical training at Veterans Administration medical centers in fiscal year 1978. The number of students in VA medical facilities, up 2 percent in 1978 over the 1977 total (when 95,733 persons were trained), has grown each year for more than two decades.

The Veterans Administration has become a national clinical training ground through its affiliation with nearly 1,000 educational institutions, including 104 medical schools and 58 dental schools. In VA facilities, students receive the supervised clinical experiences needed for professional certification in the health care fields.

Medical, dental, nursing, graduate psychology, and clinical social work students comprised 54 percent of the

1978 trainees. Another 24 percent were physicians and dentists. More than a third of all physicians filling approved medical residencies in the United States and almost 20 percent of all dentists engaged in postdoctoral training were involved. Fifty-two percent of the trainees were female, and 13 percent were from minority groups.

The Veterans Administration paid \$140.5 million in trainee salaries in fiscal year 1978, but 79 percent of the trainees participated without pay. Educational and training activities carried out in VA medical centers comprised 5.2 percent of the Veterans Administration's 1978 \$4.9 billion medical care budget. Costs included trainee compensation, instructional and related costs, and equipment costs.

## Rape and Older Women: A Guide to Prevention and Protection

■ A new publication entitled "Rape and Older Women: A Guide to Prevention and Protection" has been issued by the National Center for the Prevention and Control of Rape, National Institute of Mental Health (NIMH). It is based on a study conducted by the Philadelphia Geriatric Center under an NIMH-funded contract.

The authors of the guide, Linda J. Davis, PhD, and Elaine M. Brody, MSW, note that the rate of rape and attempted rape for mature women 50-64 years is 111 per 100,000 and for women 65 years and older, 75 per 100,000. Although older women may not be victims of rape as often as their younger counterparts, they are affected profoundly by a constant fear of victimization. The result is a severe

reduction in their social activities, independence, and overall life satisfaction. The publication's aim therefore is not only to prevent rapes, but to reduce the severe mental and emotional stress induced by fear of the prospect of such assaults. By channeling excessive fears into positive action, mature women can acquire increased skills in self-protection and mutual-help techniques that will build feelings of confidence and reduce victimization.

As a result of limited, fixed incomes, older women often must live in neighborhoods that have become high-crime areas. The guide offers specific avoidance behaviors that older women can practice within the context of their everyday lives—in the living unit, in a building, on the street, while traveling, or while banking—to reduce the likelihood of victimization. These recommendations should prove useful for younger age groups and for men as well.

Community involvement is stressed as an important component of a complete rape prevention program. Specific activities are described that serve to create a "human security system" that can deter rape and other crimes because of the increased likelihood that criminal behavior will be observed. Improving the physical design of living space also can contribute to the safety of older residents. Thus, design and hardware specifications for increasing the safety of dwelling units are provided in the publication.

Resources for education and training programs are also provided for those seeking audiovisual and written aids or further information on existing prevention and crisis intervention programs.

*Rape and Older Women: A Guide to Prevention and Protection* by Linda J. Davis and Elaine M. Brody. \$3 per copy. DHEW Publication No. (ADM) 78-734. GPO Stock No. 017-024-00849-4. U.S. Government Printing Office, Washington, D.C., 1979. Single copies are available upon request to the National Center for the Prevention and Control of Rape, National Institute of Mental Health, 5600 Fishers Lane, Rockville, Md. 20857, telephone 301: 443-1910. (DHEW Publication No. (ADM) 79-795) lists other materials available from the Center.)

## Seeing—Free Loan Film on Sight Preservation Featuring Helen Hayes

■ While celebrating the miracle of sight and the joys it brings, the film "Seeing" enacts a crisis faced by Althea, a young, artistic woman who, during a routine eye examination, learns that she has glaucoma (the second leading cause of blindness in the United States).

Poetic visual images of beauty, color, motion, and nature intermingle with Althea's emotional trauma and fear of going blind. These fears overshadow the happiness of her 35th birthday party, cause nightmares, and interfere with her response to her family's tenderness and love.

The legendary Helen Hayes, in the dual role of Althea's mother and the film hostess, urges viewers to have their eyes examined at least every 2 years so that early signs of glaucoma can be detected. In its early stages, this disease can be effectively controlled by medication, and irreversible vision loss can be prevented.

When Althea visits the eye specialist for additional testing, we learn more about the nature of glaucoma and the medical treatment that can prevent blindness.

"Seeing" is suitable for programming by community health and service organizations, by civic, fraternal, and social adult groups, by medical and optometric societies and auxiliaries,



and by college classes in nursing, medicine, optometry, and social service.

A 16-mm color and sound film, "Seeing" is a presentation of the National Society to Prevent Blindness. It was produced with grant support from the Health Information Services of Merck Sharp & Dohme, a division of Merck & Co., Inc. The 25-minute film is accompanied by a discussion guide and educational materials for distribution to each member of the audience.

The film program can be borrowed free from West Glen Films, 565 Fifth Ave., New York, N.Y. 10017. Please specify alternate dates when ordering.

## Tropical Medicine Bibliography Is Produced on Trial Basis

■ A new bibliography on tropical medicine is being produced by the National Library of Medicine (NLM) on a trial basis during 1979. The Quarterly Bibliography of Major Tropical Diseases is a cooperative project of the National Library of Medicine and the Special Programme for Research and Training in Tropical Diseases of the World Health Organization (WHO).

WHO's Special Programme for Research and Training in Tropical Diseases is a concerted effort to control filariasis, leishmaniasis, leprosy, malaria, schistosomiasis, and trypanosomiasis. The new quarterly bibliography, prepared by NLM's MEDLINE system, covers these six major tropi-

cal diseases; it is distributed by WHO to scientists and institutions in tropical countries. (Scientists in other countries who require a copy during the trial period of 1979 may write to NLM's Office of Inquiries, Bethesda, Md. 20209.)

A first pilot issue (Vol. 1, No. 1, 4th quarter 1978) was produced by NLM, printed with funds from the Medical Information Center of the Karolinska Institutet, Stockholm, Sweden, and distributed by the WHO Tropical Diseases Programme. Issues for 1979 (beginning with Vol. 2, No. 1, January-March 1979) are being produced and printed by NLM for primary distribution by WHO in Geneva, Switzerland.

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## Cost Savings Through New Technique for Reimbursement for Medical Services

■ Reimbursement of physicians for hospital services by the case, instead of by the traditional fee-for-service method, may be to the consumers' advantage, according to an experimental study conducted by the Pennsylvania Blue Cross with support from the National Center for Health Services Research. Preliminary results indicate that such a switch in reimbursement techniques could cut costs and reduce patients' length of stay. Thus, the technique could have important implications for efforts to contain skyrocketing medical costs.

In the study, reimbursement under the traditional, disaggregated fee-for-service approach was compared with fixed, per-case reimbursement determined by the diagnosis. Comparisons of the study group with longitudinal and cross-sectional control groups revealed modest favorable changes in average lengths of stay in the hospital as well as some cost savings. According to the principal investigator, Gene A. Markel, these preliminary results represent an important stepping stone for future research aimed at offering physicians in fee-for-service practices effective incentives for eliminating unnecessary hospitalization and reducing lengths of stay.

*Per Case Reimbursement for Medical Services by Gene A. Markel. DHEW Publication No. (PHS) 79-3230, October 1978. NCHSR Research Summary Series. Single copies are available free from the National Center for Health Services Research/OASH, Rm. 7-44, 3700 East-West Highway, Hyattsville, Md. 20782 (301/436-8970).*

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## FDA Bans Diethylstilbestrol As Growth Promoter in Animals

■ The Food and Drug Administration has announced a ban on the use of diethylstilbestrol (DES) as a growth promoter in cattle and sheep. This synthetic hormone, which has been used since the 1950s to make animals grow faster, has been shown to cause cancer in both animals and people. Alternative growth promoters are avail-

able. DES is administered to animals as an implant behind the ears and as an additive to their feed. The drug also is used to treat certain cancers and other medical conditions in people, but the action to ban DES does not affect its use for these purposes.

The action by FDA upholds a decision made September 21, 1978, by FDA Administrative Law Judge Daniel Davidson following a lengthy hearing.

Former FDA Commissioner Donald Kennedy concluded that:

- DES causes cancer and it has not been shown that there is an amount below which it does not cause cancer.
- Residues of DES occur in food from animals which have been treated with it.
- There is no currently approved way to detect whether there are carcinogenic DES residues in the edible meat of animals.
- The law does not authorize FDA to consider the economic benefits of drugs such as DES; in any event, those opposing the ban have not demonstrated that it will have any significant adverse environmental or economic impact.

The manufacture and shipment of DES was banned as of July 13, 1979. Use of DES in livestock and sheep must be ended by November 1979.

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## education notes

**Fellowships for study of ethics and the life sciences.** The Hastings Center, Institute of Society, Ethics and the Life Sciences, is offering three 1-year resident postdoctoral fellowships for the study of ethics and the life sciences for the academic years 1980-81.

The fellowships are offered under a grant from the National Endowment for the Humanities and the Society for

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## Industrial Toxicology and Control of Hazardous Materials and Waste

■ A seminar on industrial toxicology and occupational control of hazardous materials has been scheduled for December 10-14, 1979, and March 17-21, 1980, in Nashville, Tenn. A seminar on hazardous waste management will also be held in Nashville, on February 18-22, 1980. These seminars are sponsored by the Toxic Substance Control Laboratory and the Center for Environmental Quality Management of Vanderbilt University, Nashville.

The seminar on industrial toxicology and occupational control of hazardous materials is geared to provide a working knowledge of hazardous materials and to be responsive to the need for compliance with the Occupational Safety and Health Act (OSHA) regulation of hazardous materials. Consultation will be available throughout the meetings.

The seminar on hazardous waste management is designed to furnish an overall understanding of hazardous waste control and its application to compliance with the Resource Conservation and Recovery Act (RCRA) regulation of hazardous waste disposal.

For further information, contact Janet Vance, Vanderbilt University, Box 6222, Sta. B, Nashville, Tenn. 37235, telephone 615: 322-2331.

**Values in Higher Education.** The program is interdisciplinary, is open to applicants from all fields, and requires an advanced doctoral or professional degree (or its equivalent). Application deadline is January 1, 1980. Request brochure from B. Baya, Post-Doctoral Fellowship Program, The Hastings Center, 360 Broadway, Hastings-on-Hudson, New York 10706.